Form Approved OMB no. 0920-0017 Exp. Date 06/30/2006



## Management for International Public Health Course September 12 - October 21, 2005

## **APPLICATION FORM**

| Name and Address of Applicant (Please type or print.)                |                                 |                     |                   |                     |                          |  |  |
|--|---------------------------------|---------------------|-------------------|---------------------|--------------------------|--|--|
| Check one:  Dr. Ms. Mrs. Mr.   |                                 |                     |                   |                     |                          |  |  |
| Family Name or Surname   |                                 | Given Name          |                   | Preferred           | Name                     |  |  |
| Mailing address—Home   |                                 |                     |                   |                     |                          |  |  |
| Street Address or P.O. Box   |                                 |                     |                   |                     |                          |  |  |
| City   | State                           |                     | Country           |                     | Postal Code              |  |  |
| Home Telephone Number (Include                                       |                                 | Home E-mail Address |                   |                     |                          |  |  |
| ender (Check one) Female Male Date of Birth (For insurance purposes) |                                 |                     |                   |                     |                          |  |  |
| Emergency Contact  |                                 | Relationship        | Tel               | Telephone Number    |                          |  |  |
|  | Em                              | ployment Info       | rmation           |                     |                          |  |  |
|  |                                 |                     |                   |                     |                          |  |  |
| Title  | Length of Time in this Position |                     |                   |                     | Time in this Position    |  |  |
| Mailing address—Organizatio  | n/Institution                   |                     |                   |                     |                          |  |  |
| Organization/Institution name  | Street/P.O. Box                 | City                | State             | Country             | Postal Code              |  |  |
| Nork Telephone # (Include city code.) Work Fax #                     |                                 |                     |                   | Work E-mail Address |                          |  |  |
| Do you prefer receiving mail at:                                     | ☐ Home ☐ Wo                     | 'k Supervisor' Nan  | ne Supervisor's T | elephone # Su       | pervisor's E-mail addres |  |  |
| Brief description of your curr                                       | ent position:                   |                     |                   |                     |                          |  |  |
|  |                                 |                     |                   |                     |                          |  |  |
|  |                                 |                     |                   |                     |                          |  |  |
|  |                                 |                     |                   |                     |                          |  |  |

| Name   |  |                          |                         |                       |  |  |
|--|--|--------------------------|-------------------------|-----------------------|--|--|
| Educational Background   |  |                          |                         |                       |  |  |
| Degree   | College or University  | Country                  |                         | Dates of Study        |  |  |
|  |  |                          |                         |                       |  |  |
|  |  |                          |                         |                       |  |  |
|  |  |                          |                         |                       |  |  |
|  |  |                          |                         |                       |  |  |
|  |  |                          |                         |                       |  |  |
| Experience as a Management Trainer (Briefly describe any previous management training you have conducted.) |  |                          |                         |                       |  |  |
|  |  |                          |                         |                       |  |  |
|  |  |                          |                         |                       |  |  |
|  |  |                          |                         |                       |  |  |
|  |  |                          |                         |                       |  |  |
|  |  |                          |                         |                       |  |  |
|  | Long   | iogo Ckillo              |                         |                       |  |  |
|  | Lange  | age Skills               |                         |                       |  |  |
| What is your na  | ative language?  |                          |                         |                       |  |  |
| What other land  | guages do you speak?   |                          |                         |                       |  |  |
|  | ,  |                          |                         |                       |  |  |
| Anticipated Funding Source   |  |                          |                         |                       |  |  |
|  |  |                          |                         |                       |  |  |
|  | or your attendance at the 2005 MIPH course? —<br>ency Contact Information:                     |                          |                         |                       |  |  |
| Name   | Telephone Number (Including country a  | and sity and sol         | Fax Number              | E-mail address        |  |  |
| INAITIE  | relephone Number ( <i>including country</i> a  | and city codes)          | rax Number              | E-mail address        |  |  |
|  | e 2005 MIPH course is US \$5,500 (chec   |                          |                         |                       |  |  |
|  | ), which includes tuition, books, supplies,<br>MIPH applications is <b>May 15, 2005</b> , we e |                          |                         |                       |  |  |
|  | se apply as soon as possible. Upon notif   |                          |                         |                       |  |  |
| US \$500 LA  | TE FEE WILL BE CHARGED FOR TUIT  | <b>TON NOT RECE</b>      | IVED BY THE FIRST       | DAY OF THE            |  |  |
|  | Expenses IN ADDITION TO THE TUITION office for an estimate of these costs.                     | <b>N</b> include roundtr | rip airfare, food, hous | ing and incidentals - |  |  |
| COINACT OUT C  | onice for an estimate of these costs.  |                          |                         |                       |  |  |
| Signature of   | Applicant  |                          | Da                      | te                    |  |  |
|  |  |                          |                         |                       |  |  |

Please submit signed and dated application no later than May 15, 2005 to: Sustainable Management Development Program Centers for Disease Control and Prevention 4770 Buford Highway, N.E. Mailstop - K-01 Atlanta, Georgia 30341 U.S.A

Tel: (1-770) 488-2066 Fax: (1-770) 488-2868

É-mail: smdp@cdc.gov